



# MATERIEL

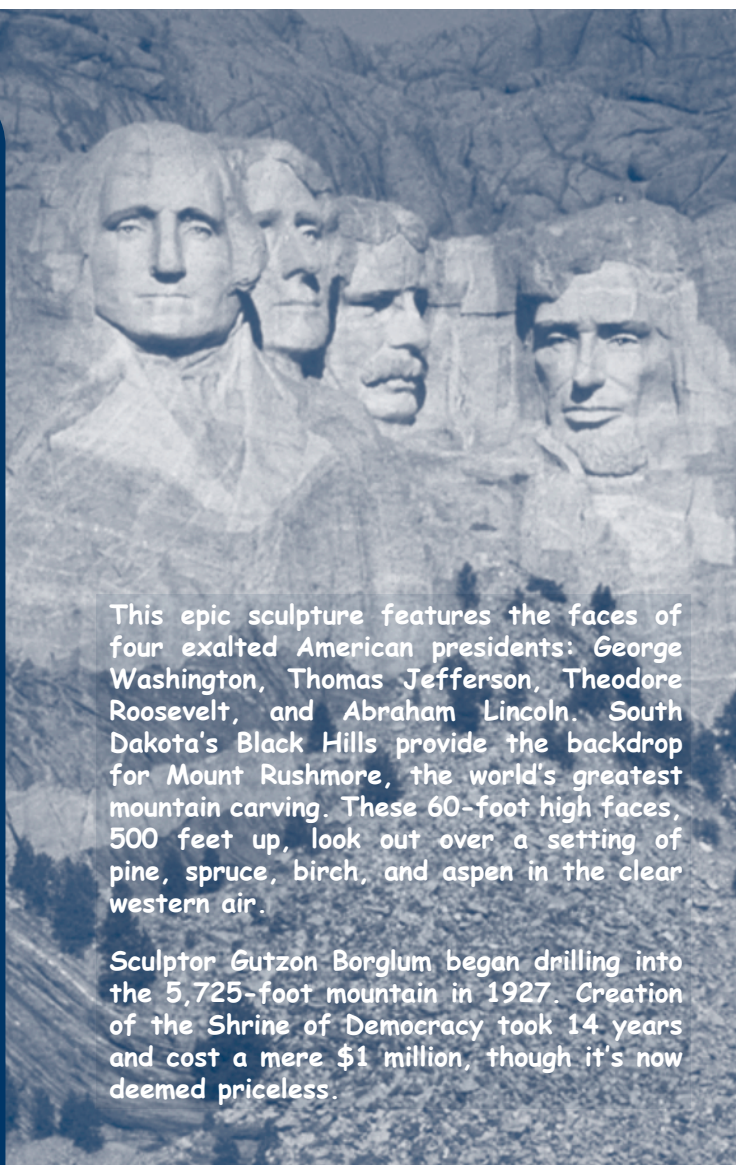
## Dispatch

LOGISTICS MANAGEMENT NEWSLETTER

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**OFFICE OF ACQUISITION  
AND MATERIEL MANAGEMENT**



This epic sculpture features the faces of four exalted American presidents: George Washington, Thomas Jefferson, Theodore Roosevelt, and Abraham Lincoln. South Dakota's Black Hills provide the backdrop for Mount Rushmore, the world's greatest mountain carving. These 60-foot high faces, 500 feet up, look out over a setting of pine, spruce, birch, and aspen in the clear western air.

Sculptor Gutzon Borglum began drilling into the 5,725-foot mountain in 1927. Creation of the Shrine of Democracy took 14 years and cost a mere \$1 million, though it's now deemed priceless.



WINTER 2004

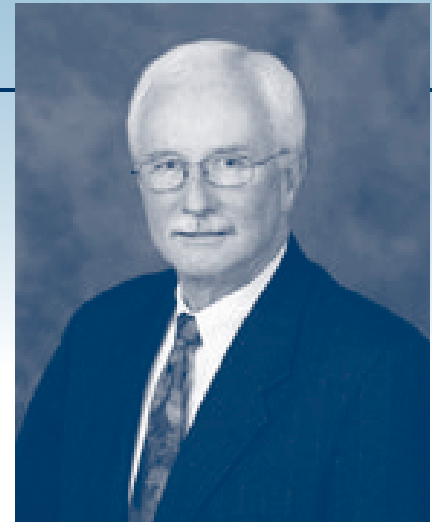
## A MESSAGE FROM DAVID S. DERR

### DEPUTY ASSISTANT SECRETARY FOR ACQUISITION AND MATERIEL MANAGEMENT

I am proud to take the helm of such a valuable and critical component of this Agency – the Office of Acquisition and Materiel Management. I come to this position with an understanding of the acquisition environment of today, extensive acquisition knowledge gained from over 30 years of actual experience, and a direction for the future that includes a strong partnership— one built upon mutual respect, trust, effective dialogue, and commitment. Although I may lead the charge, nothing can be accomplished or be of any value without the involvement, dedication, and support of our acquisition and materiel management staff and our customers!

My background in VA provides me an understanding borne of first hand experience. My first dozen years with VA took me from a supply trainee position at the VA medical center in Martinsburg, West Virginia through progressively more responsible positions in VA logistics, including Chief, Supply Service at Saginaw, MI; Batavia, NY; and finally at Columbia, SC---where I had the pleasure of opening the then new William Jennings Bryan Dorn replacement medical center.

Most of you in OA&MM, and many of you in other agencies, probably know me best as the ADAS for Acquisitions, a position I held for the last 7 years. However, my experience is considerably broader. Prior to my tenure as DAS for Acquisitions, I served as Associate Deputy Assistant Secretary for Resources, Associate Deputy Assistant Secretary for Materiel, and Supply Fund Manager. And



early in my headquarters career, I held such positions as Director, Materiel Management Service; Deputy Director, Acquisition Management Service; Deputy Director, Policy and Interagency Service; Acting Training Officer; Special Assistant to the ADA for Logistics; Acting Director, Policy and Interagency Service; and Senior Supply Management Representative within the policy staff. Consequently, I think I have a good internal OA&MM perspective as well.

As you might imagine, I bring to this new job some overarching strategies and goals. And certainly those strategies and goals support the underlying principles and objectives of Secretary Principi. First and foremost, we will be effective and efficient procurement and logistics officials, being proactive stewards of the responsibilities resources entrusted to us. I intend to ensure that our materiel management and contracting personnel possess the requisite technical skills and business acumen necessary to negotiate and award contracts beneficial to our customers; develop sound inventory and materiel management strategies, policies and initiatives; refine and expand our expertise in the commodities and services that we acquire, and the accountability for their proper use;

develop and utilize empirical procurement data in order to identify national contracting opportunities as well as to enhance our negotiation position; develop and utilize empirical usage data and clinical outcome data to assure that supply, processing, and distribution functions perform at peak effectiveness; effectively utilize the flexibility of VA's Supply Fund to the advantage of VA and other federal agency customers; and most certainly to partner with you, our customers, ensuring that we focus on national contracting and materiel management opportunities in a manner that is most beneficial to you through establishing ongoing dialogue and being part of your advance procurement planning and materiel management and financial assistance planning and development. I fully intend to hold my staff to these attainable goals.

We must balance leveraged contracting with small business and socio-economic considerations, international trade policy, and other seemingly competing objectives. I believe we can accommodate diverse and seemingly divergent goals of our acquisitions. I have come to learn that "leveraged procurement" doesn't mean simply leveraging our procurement power to obtain the best possible price. It also means leveraging our procurement power to obtain other important social and economic outcomes. We have worked with our Office of Small and Disadvantaged Business Utilization to develop a coherent approach to utilizing our procurement clout to effect pricing advantages as well as good socio-economic outcomes. We have drafted and are proposing legislation that would increase the effectiveness of subcontracting plans, including counting subcontracting achievements on parity with prime contract awards. And I am pleased to say that our joint efforts to provide set-aside status for small businesses owned by service-disabled veterans were in part responsible for a newly enacted law providing such set-aside status.

Over the next few editions of this Materiel Management Newsletter, I will feature one or more of the Office of Acquisitions and Materiel Management's activities and support offices, its programs and services that are available to you, our valued customer. I challenge all in the acquisition and materiel management professions and our customers to share your ideas, concerns, and comments with me and my staff at <http://vaww1.va.gov/oamm/index.htm>. We are always open to suggestions for improvement and new ideas and we welcome constructive criticism.

### **Office of Acquisition and Materiel Management (OA&MM) Announces the Materiel Management Seminars for FY 2004**



**Materiel Management Seminars are an opportunity for employees of the Veterans Health Administration, National Cemetery Administration, and Veterans Benefits Administration to attend an OA&MM sponsored training conference. Presentations at the conference cover a variety of topics such as National Item File, Emergency Preparedness, Acquisition Planning, Environmental Management Systems, Property Disposal, and Reports of Survey. Individuals who attend the seminars have a wide area of responsibility in inventory management; logistics; property management; and Supply, Processing, and Distribution as well as veteran benefits.**

**The following locations and dates have been selected.**

**Dallas TX – May 4 – 6, 2004**

**Philadelphia, PA – August 17 – 19, 2004**

**Travel days for the seminars are on Monday and Friday of that week. OA&MM will sponsor one employee per facility per fiscal year.**

**Any questions or comments please call Mike Ostrow at (813) 972-7585 or Bobby Osburn at (202)-273-6056.**

*C. Carter*



## CoreFLS Goes Live!

On October 7, 2003, CoreFLS went live for all Operational Test Phase One sites. These sites include Bay Pines Medical Center, St. Louis Regional Office, and Florida National Cemetery. In addition, CoreFLS went live for some users at locations supporting the Operational Test Phase One sites – the Austin Automation Center (AAC), FSC, Tampa VAMC, and VA Central Office.

These sites are the first to see CoreFLS in a live setting. They are also the first to experience the challenges involved with migrating from our existing systems, which they are very familiar with, to the new software packages. Are you one of the many who are wondering how things are going in Bay Pines or how CoreFLS is working? If so, remember that this is phase one of a two-phase operational test. A complete CoreFLS software package isn't even available for use at Bay Pines at this point. Many functions and reports aren't even complete and won't be for a few

months. And remember, most of the staff at Bay Pines is still learning all the capabilities of the new system. The training strategy of CoreFLS is to utilize e-learning to familiarize employees with the new systems. This means online training courses that make use of PowerPoint presentations, simulations, exercises, and online documentation.

What CoreFLS learns from phase one and two sites will be used to improve the system as a whole and refine the cutover strategy as CoreFLS is deployed to future sites. Is implementing CoreFLS going to be easy? No, it is going to take work by everyone involved to successfully convert from our present system to CoreFLS. CoreFLS is going to change the way we do business. The goal is that it is a positive change that provides us with better tools and resources to make our jobs easier, make us more productive, and aids us in making informed decisions in our day-to-day operations.

*M. Ostrow*

## ASHCSP Annual Conference

The 2003 American Society for Healthcare Central Service Professionals (ASHCSP) Annual Conference and Technical Exhibition was held in Grand Rapids, Michigan, on October 18 - 21, 2003. The conference offered many opportunities for knowledge expansion, exposure to dynamic speakers, new technology, and networking with other Supply, Processing, and Distribution (SPD) professionals.

Topics of interest presented at the conference were: Instrument Tracking of Loaners; What's New in Sterilization Monitoring; Patient

Safety: Designing Safe Processes for Safer Outcomes, Developing Relationships between Perioperative Nurses and Sterile Processing Professionals; Preventing Infections in Endoscopy; Center for Disease Control (CDC) Guidelines on Disinfection and Sterilization in Healthcare Facilities; Super Bugs – What You Need to Know to Protect Yourself and Your Patient; and several sessions related to care of endoscopes.

VA Day was also presented in conjunction with the ASHCSP Conference: Speakers presented on topics of Recalls, CAMEO, SPD

Education Online, OSHA, Your Responsibility Under the Law, SPD's Role in Emergency Preparedness, and SPD Self-Evaluation Guide and Business Review Site Visits Common Findings. In the session on What's New in Sterilization Monitoring, many JCAHO standards were addressed. JCAHO stresses policies and procedures should be based on accepted practice guidelines, laws, regulations, and current scientific knowledge and should be consistent throughout the health care facility. An in-depth look at the five classes of chemical indicators and biological indicators concluded this session.

During the presentation on Designing Safe Processes for Safer Outcomes the speaker stated that training a SPD technician to understand all aspects of SPD usually takes 18 months. Gaps exist in providing quality care safely because there is more to do, manage, watch, and more people involved in processes. Also mentioned was that many processes are set up to fail. Omission is the single most common human error. Reducing reliance on memory would help and health care workers need adequate rest.

Developing Relationships between OR and SPD presented the concept that new partnerships be developed to promote efficiency and effectiveness. The common goal being safe and effective patient care. Stressed at this session was if you managed SPD you are still providing patient care and do make a difference by mentoring, leading, coaching, and teaching. One comment I particularly liked was "Every patient deserves the expertise of sterile processing professionals." The speaker addressed the benefits of certification. Gaining certification is proof of competency, professionalism, and proof of a strong knowledge base. One strong point to certification that also was stressed is being certified in an area reduces staff turnovers and promotes professional growth. Several sessions spoke about scopes and the special handling, cleaning, training and storage required.

The session on CDC Guidelines on Disinfection and Sterilization addressed differences between the critical items, semi-critical items and noncritical items. The new biological monitors were discussed; spores most resistant to the sterilization process are now used. The topic Super Bugs addressed that infectious diseases is the 3rd leading cause of death. One patient out of every 20 patients admitted to a hospital will contact an infection while hospitalized, 90,000 deaths are attributed to nosocomial infections, and 85% can be prevented. Lack of hand washing is the leading cause of transmission of infections in health care settings. Emerging pathogens were addressed and what to watch for in patients admitted to the hospital emergency rooms.

The 2004 37<sup>th</sup> ASHCSP Conference will be held in Orlando, Florida on September 18 – 21, 2004. There are plans for another VA Day in conjunction with this conference.

It is highly encouraged that SPD supervisors start planning to attend next year's conference. Request those travel dollars now!

One membership, to the ASHCSP Organization for each facility that has an SPD activity, is paid for by Central Office. VA employees get a reduced rate for the conference registration fee.

Make your membership worthwhile and attend next year's conference.

*Julianna M. Lord, RN Chief, SPD  
VAMC – Miami, FL*



## Happy 10th Birthday Cluster Training!



On June 28, 1993, at the Veterans' Affairs Medical Center in Northport, New York, Mr. Bobby Osburn conducted the first Cluster Training. The class consisted of 26 VA employees. That was 10 years ago, and 54 Cluster Trainings have been conducted, and over 1,500 VA employees have attended Cluster Training Sessions.

The Supply, Processing, and Distribution (SPD) Advisory Group (AG) interviewed Mr. Osburn (BO) regarding his experiences and reflections of the past 10 years of Cluster Training.

AG: How do you feel Cluster Training has contributed to the progression of the SPD department?

BO: It has given base line knowledge to the workers on the proper procedures and policies that many would not get any other way. Many of the attendees have been chiefs, supervisors, and Infection Control nurses. Most attendees had very limited knowledge of the operations of SPD prior to the training.

AG: Being the facilitator of Cluster Training, how has it benefited you as it pertains to your job?

BO: It helps make me aware of the limited training being given locally, the limits of the trainers, and the needs and concerns of the SPD staff.

AG: Bobby, you advocated mandatory Level 2 certification for all SPD employees. What do you see are the benefits of

this proposed requirement to the SPD employees?

BO: It will require more training locally and will assure that employees have the base line information to do the job. Without certification, we do not know for sure how much training and information is getting to the employees. With certification, we know the SPD employees know enough of the information to pass the certification test.

AG: What do you hope mandatory certification will accomplish?

BO: A more informed professional SPD staff that understands how important their job is and what they do directly affects the patient outcome.

AG: Over the past 10 years, what changes have you had to make to your curriculum to keep up with the changing times?

BO: To be honest, not a lot. The basics of SPD, as defined by John Perkins and Bill Underwood, have been proven over and over to be right on the mark. There have been changes regarding equipment. We have the introduction of Plasma Sterilizers (one which had to be removed for the market, due to VA patients being blinded by the chemicals used). We have seen the replacement of high-level disinfection with the use of the Steris One. Also, dealing with the introduction of new supplies, such

as the One-Step wrap which is not allowed for use in the VA and providing the reasons behind the decisions. As well as the issue of reprocessing single use medical devices, which is also not allowed to be done in the VA system.

AG: What is the funniest thing that has happened to you while teaching a SPD Cluster Training class?

BO: What is always amazing is how quiet the class members are on the first day and the difference in them by Thursday afternoon when I am fighting to maintain order and keep control

over the class. I use eggs to show the reaction to some soaking solutions on protein, I have had rotten eggs given to me, as well as hard-boiled eggs, neither work well in front of a class.

The success of the Cluster Trainings program is mainly due to Bobby Osburn's dedication to the SPD program and the advancement of the professionalism of the SPD employees.

THANK YOU Bobby, for all you have done for the Supply, Processing, and Distribution profession. You have allowed us to better serve those who have served our country.

*SPD Advisory Group*

## *Training – Equipment Management Program*

The following information can be used to access the Equipment Training Handbook used at the VAMC West Palm Beach, FL. It is a comprehensive guide that can be adapted and used at your facility in total or in sections.

Follow these steps to access the handbook.

1. Intranet website: <http://vaww.west-palm.med.va.gov>
2. Click on "Programs and Services."
3. Click on "Patient Support Services – Materiel Management Section."
4. Click on "equipment.exc," then run this program to download onto your desktop computer.
5. Follow procedures. After the download is completed, your screen should return

to the VA West Palm Beach intranet home page.

6. Close or minimize all programs and return to your desktop main screen. There should be an Adobe icon – pdf for Patient Support. Click on it and increase to your desired size for viewing.

If you have any comments and/or recommendations for improvement you are welcome to send them through Outlook or e-mail to Deborah Martin at [deborah.martin3@med.va.gov](mailto:deborah.martin3@med.va.gov).



*Deborah Martin  
VAMC, West Palm  
Beach, FL*

## Business Review Site Visits – 2<sup>nd</sup> Quarter

### Tentative Schedule

VAMC Palo Alto, CA	Jan 12 – 16, 2004
VAMC Miami, FL	Jan 26 – 30, 2004
VAMC Columbia, MO	Feb 9 – 13, 2004
VAMC Marion, IL	Mar 08 – 12, 2004
VAMC Dayton, OH	Mar 15 – 19, 2004
VAMC Reno, NV	Mar 22 – 26, 2004

VAMC Chillicothe, OH	Mar 29 – Apr 2, 2004
VAMC Cheyenne, WY	Mar 29 – Apr 2, 2004
VAMC Asheville, NC	Mar 29 – Apr 2, 2004

These locations and dates are tentative until the medical centers are contacted.

*C. Joseph*

## OA&MM MATERIEL DISPATCH

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Charles E. Roberson	Associate Deputy Assistant Secretary for Program Management and Operations
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We encourage all constructive comments and recommendations on how to better serve our customers. Information and articles for publication are welcomed and should be sent to:

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